

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 1		Report Filed By: 1		CANDIDATE 1		COMMITTEE 2		LOBBYIST 3	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ANN McHALE									
Street Address: 750 BARRYMORE LANE									
City: BETHLEHEM				State: PA		Zip Code: 18017			
TYPE OF REPORT (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST PRIMARY	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST ELECTION	7. AMENDMENT REPORT?	YES	NO
							YES	NO	
ANNUAL REPORT			YEAR		FILING METHOD () CHECK ONE		PAPER X DISKETTE		
Name of Office Sought by Candidate: NORTHAMPTON COUNTY COUNCIL District 1						DATE OF ELECTION MO. DAY YEAR 11 6 2007		District Number Office Code Party Code County Code 1 CTH DEM 48	
								(SEE INSTRUCTIONS FOR CODES)	
FOR OFFICE USE ONLY									
Summary of Receipts and Expenditures from: 10 23 2007 To 11 26 2007									
A. Amount Brought Forward From Last Report				\$ 1112.13					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 250.00					
C. Total Funds Available (Sum of Lines A and B)				\$ 1362.13					
D. Total Expenditures (From Schedule III)				\$ 100.00					
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 1262.13					
F. Value of In-Kind Contributions Received (From Schedule II)				\$ -					
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 1000.00					

 ENTERED
 2007 DEC -6 P 4:
 NORTHAMPTON COUNTY
 ELECTION OFFICE
 EASTON, PA 18042

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

30 day of **Nov.** 20 **07****Tammie L. Caruso**

COMMONWEALTH OF PENNSYLVANIA

 Notarial Seal
Tammie L. Caruso, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires June 11, 2009
DAY **11** YEAR **09****Edward L. Redding**

Signature of Person Submitting Report

Edward L. Redding

Printed Name

616

Area Code

868-0111

Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

30 day of **Nov.** 20 **07****Tammie L. Caruso**

Signature

6-11-09

My commission expires

COMMONWEALTH OF PENNSYLVANIA

DAY **11** YEAR **09****Ann McHale**

Signature of Candidate

Ann McHale

Printed Name

610

Area Code

691-3080

Daytime Telephone Number

Notarial Seal

Tammie L. Caruso, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires June 11, 2009

 of State • Bureau of Commissions, Elections and Legislation
 • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Filing Committee or Candidate

friends of Ann Mc Hale

Reporting Period

From 10-23-07 To 11-26-07

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)

\$

All Other Contributions (Part B)

\$

250.00

TOTAL for the Reporting Period (2) \$

250.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)

\$

All Other Contributions (Part D)

\$

TOTAL for the Reporting Period (3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period (4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)

\$

250.00

PART 5

3
2
1

\$50.01 TO \$250.00

\$50.01 to \$250.00 in the reporting period

(Exclude contributions from political committees reported in Part A.)

Legal Filing Committee or Candidate

Supporting Product

FROM 10-23-07 TO 11-26-07

Friends of Ann Melville

Full Name of Contributor					CITY	STATE	ZIP CODE PLUS 4	MO.	DAY	YEAR	AMOUNT
BERNER, John Reinartz								10	29	87	\$ 100.00
4157 WATERBORD DRIVE											
Dexter Valley					PA		18034				
Justin McElaney								10	31	87	\$ 150.00
410 Biery's Bridge Road											
Bethlehem					PA		18017				
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Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full Name of Contributor					CITY	STATE <th>ZIP CODE PLUS 4</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th></th>	ZIP CODE PLUS 4	MO.	DAY	YEAR	
Mailing Address								MO.	DAY	YEAR	
Full											

STATEMENT OF EXPENDITURES

Filing Committee or Candidate

Reporting Period

FRIENDS OF ANN McHALE

From 10-23-07 to 11-26-07

To Whom Paid			MO.	DAY	YEAR	Amount
NORTHAMPTON COUNTY Democratic Committee			10	29	07	\$ 100.00
Mailing Address			Description of Expenditure			
2117 MONTGOMERY St			DONATION			
City	State	Zip Code (Plus 4)				
Bethlehem	PA	18017-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY <td>YEAR</td> <td>Amount</td>	YEAR	Amount
						\$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 100.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filing Committee or Candidate

Reporting Period

FRIENDS of ANN McHALE

From 10-23-07 To 11-26-07

Name of Creditor ANNA T McHALE		DATE DEBT INCURRED		MO. 3	DAY 12	YEAR 07	Outstanding Balance of Debt \$ 1,000 ⁰⁰
Mailing Address 750 BARRYMORE WAVE		City Bethlehem		State PA		Zip Code 18017	
Description of Debt LOAN to CAMPAIGN							
Name of Creditor		DATE DEBT INCURRED		MO.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address		City		State		Zip Code (Plus 4)	
Description of Debt							
Name of Creditor		DATE DEBT INCURRED		MO.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address		City		State		Zip Code (Plus 4)	
Description of Debt							
Name of Creditor		DATE DEBT INCURRED		MO.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address		City		State		Zip Code (Plus 4)	
Description of Debt							
Name of Creditor		DATE DEBT INCURRED		MO.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address		City		State		Zip Code (Plus 4)	
Description of Debt							
Name of Creditor		DATE DEBT INCURRED		MO.	DAY	YEAR	Outstanding Balance of Debt
Mailing Address		City		State		Zip Code (Plus 4)	
Description of Debt							

PAGE TOTAL

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item C.

\$ 1,000⁰⁰